DEPARTMENT OF SOCIAL AND HEALTH SERVICES JUVENILE REHABILITATION ADMINISTRATION (JRA)

SOCIAL SERVICES SOCIAL SERVICES	
IN THE MATTER OF PAROLE OF	
PAROLE OF	
JRA Number	PAROLE REVOCATION PETITION
Date of Birth	
I. ALLEG	
COMES NOW the undersigned juvenile parole officer and requests rethe juvenile's violation of the Order of Parole Conditions.	evocation of the above-named juvenile offender's parole based or
1.1 Jurisdiction for this petition is based on RCW 13.40210(4)(a) and of Parole Conditions stated in part as follows:	d Chapter 388-740 WAC. 1.2 The above-named juvenile's Order
1.3 The juvenile violated the Order of parole Conditions on the follow	wing date(s) and in the following manner:
II. RELIEF R	EQUESTED
As a result of the violation of parole conditions, the following relief is	requested:
III. JUVENII	LE RIGHTS
The juvenile is entitled to a parole revocation hearing to contest this pether one of his or her own choosing or one appointed at public expension $\frac{1}{2}$	
IV. WAIVER OF PAROLE REVOCATION	HEARING AND AGREED REVOCATION
 I have been informed of my right to an attorney, and a hearing to I knowingly and voluntarily waive my right to the parole revocation In waiving my right to the hearing, I admit to the above allegation 	on hearing.
	
JUVENILE PAROLEE'S SIGNATURE	DATE
SIGNATURE OF ATTORNEY FOR JUVENILE PAROLEE	DATE
JUVENILE PAROLE OFFICER'S SIGNATURE	DATE
V. HEA	ARING
Unless the right to hearing is waived by the juvenile, the hearing will be conducted in accordance with Chapters 10-08 W.	
, Administrative Law Judge OFFICE OF ADMINISTRATIVE HEARING, STATE OF WASHINGTON	
Address Telephone	
VI. DEI	
Failure of the juvenile to attend or participate in this hearing may resu	ult in default, in which case the requested relief will be granted.
DATED this,	
JUVENILE PAROLE OFFICER/HEARING REPRESENTATIVE	
Address Telephone	
DIST	RIBUTION: Parolee Case File
	Parole File Parent/Guardian

Juvenile's Attorney
Facility of Confinement
Administrative Law Judge